

*Thomas v. Backgroundchecks.com*, Case No. 3:13cv029-REP (E.D. Va.)

**CLAIM FORM**

**Thomas v. Backgroundchecks.com Settlement  
c/o Settlement Administrator  
P.O. Box 1607  
Blue Bell, PA 19422**

Name and address (pre-printed)

Individual Settlement Code(s): \_\_\_\_\_

**Instructions**

If the Court approves the Settlement and you complete this form, a check will be mailed to you if the Settlement Administrator approves your claim. *(The amount of money you receive will depend on how many people submit valid Claim Forms).*

**YOU MAY SUBMIT THIS CLAIM FORM IF YOU BELIEVE THAT AN INACCURATE CRIMINAL BACKGROUND REPORT FURNISHED BY EBACKGROUNDCHECKS.COM, INC. ("BGC") TO YOUR EMPLOYER OR POTENTIAL EMPLOYER CAUSED YOU INJURY.**

You must fill out ALL OF THE INFORMATION required below or your Claim Form will not be accepted.

IF YOU HAVE ANY QUESTIONS ABOUT COMPLETING THIS CLAIM FORM, YOU MAY CALL THE SETTLEMENT ADMINISTRATOR TOLL FREE AT (855) 770-0005.

**The deadline to submit this Claim Form is August 28, 2015. Any changes to this deadline to submit the form will be available on the internet at [www.bgcthomassettlement.com](http://www.bgcthomassettlement.com) or by calling (855) 770-0005.** If the Settlement Administrator does not receive your Claim Form postmarked on or before the due date, you will not be eligible to receive any payment from the Settlement Fund.

If you are submitting a claim on behalf of a deceased Settlement Class Member, you must submit appropriate documentation with this Claim Form demonstrating that you are duly authorized to do so.

**Section I: Your Personal Information**

*Please print all information legibly in the space provided.*

First Name

M.I.

Last Name

\_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Section II: Additional Information**

Social Security No.  
or Alien Registration No.  
(required)

Date of Birth (required)

Tel. No. (required)

\_\_\_\_\_  
E-mail Address (optional) \_\_\_\_\_

**Section III: Your Damages Information**

**A. Stated Injury. To recover ANY cash payment, I state under oath that:**

I suffered reputational damages as a result of an inaccurate, incomplete, or out-of-date background check provided to my employer or prospective employer by BGC. I applied for employment on or before the date when BGC provided a background check about me.

**B. Substantiated Injury.** If I complete this section, I also want to make a claim for a larger cash payment because I can provide details as to how an inaccurate BGC background check caused my damages. To submit a valid claim for “Substantiated Injury,” you must also provide all of the following information:

1. My employer(s) or prospective employer(s) was/were:

\_\_\_\_\_.

2. My background check was inaccurate or incomplete because:

\_\_\_\_\_.

3. I was injured because of the background check in the following way:

\_\_\_\_\_.

If you do not provide these details, your claim will be paid as a “Stated Injury” claim and not a larger “Substantiated Injury” Claim.

**Section IV: Medical Information**

I attest by signing this form that (select one)

☐ I suffered no medical injury and received no medical treatment of any kind or nature as a result of the conduct complained of in this Claim Form.

☐ I suffered medical injury or sought medical treatment. **I am attaching a detailed statement of all such injuries and treatments that were a result of the report that BGC furnished about me.**

**Section V: Signature**

I declare under penalty of perjury under the laws of the United States that the information provided in this Claim Form is true and correct to the best of my knowledge, information, and belief.

I agree to be financially responsible if any attestations made or information provided in the Claim Form are false. I am not subject to backup tax withholding

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_